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Beyond Contact

Work with families of children placed away
from home in four European countries

Full Report

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Executive Summary

Beyond Contact: Work with Families of Children Placed Away from Home in Four European Countries

Background

In England, placement within the looked after system is not viewed as a desirable long term solution for most children, and policy has prioritised continued contact with parents, and swift return home, wherever possible. Such work is challenging, however. There is a need to develop practice to support parental involvement in the lives of their children while in the care system, and to work with families to support return home and address problems that contributed to care entry.

In order to understand the purpose of work with families, it is necessary to take account of the variety of potential pathways through the care system for children who become looked after:

- some children will make a permanent return to their birth parents, following a period in care;
- some will return home, only to re-enter care at a later date;
- others will experience planned shared care arrangements, including regular short-break care;
- some will live within the looked after system through the remainder of their childhood, whether in residential placement, unrelated foster care or family and friends care; and
- a minority will experience legally permanent arrangements with other carers, through adoption, special guardianship orders and residence orders.

Of course these categories are not clear cut. Only time will tell, for example, whether a 'permanent' return home will remain so. But the distinction between these potential pathways highlights the importance of considering the contexts within which work with families may take place.

This briefing paper examines the nature and purpose of work with families of looked after children in four European countries: England, Denmark, France and the Netherlands. The overarching objective of the research was to identify areas for shared learning with the potential to inform policy and practice development in England, through a 'state of play' analysis of parallel country case studies involving triangulation of perspectives and sources within and between countries.

Cross-national research offers fresh perspectives on existing challenges, and with this in mind, the research aimed to prompt reflection and stimulate discussion. The countries were purposely selected to provide complementary case studies, and differences in legal and professional frameworks, as well as in culture and demography, mean that direct comparison could be misleading. As such, the study did not seek to evaluate or compare the effectiveness of family-focused work across countries. In each country, a critical analysis was conducted, based on documentary reviews of potentially relevant academic, 'grey' and policy literature, supplemented by perspectives gathered from six stakeholder interviews

with key experts in the field (policy advisers, academics, and service providers). An additional layer of 'check and challenge', contributing to cross-national analysis, was provided through consultative seminars involving a wider invited group of expert stakeholders in each country.

Key findings

Work with families of children placed away from home was described as a difficult and neglected area of practice in all four of the study countries, and the research highlighted concerns in other countries that will be familiar for a UK reader. Nonetheless, the country reviews and stakeholder interviews also illuminated examples of well-developed and effective practice in all four countries. Whilst such examples cannot be seen as representative of *all* practice in a country, they highlight the potential to learn from experiences elsewhere in Europe.

Populations of looked after children

In England and Wales, the term 'looked after' is applied to children and young people who are looked after by a local authority, as defined under Section 22 of the Children Act 1989¹. This can include children who live apart from their birth parents as well as those who are 'looked after' but 'placed with parents' (five per cent of those in the English care system). Most children in England who live apart from their birth parents are not within the looked after system; many live with family and friends but are not looked after, while others have left the looked after system through pathways to legal permanence including adoption, special guardianship and residence orders; almost 2000 others live in youth custody settings². The research reported here does not encompass *all* children who live away from their birth parents but, rather, focuses on children who are 'looked after' in placements away from their birth parents.

Populations of 'looked after' children (LAC)³ vary considerably across the four countries in the study. The Netherlands and Denmark have the highest rates of children in placements, with rates of over 100 per 10,000 children under 18 years. The rate in France is 93 per 10,000 young people under 18 years of age. England has the lowest rate of looked after children (56 per 10,000) overall and the highest proportion of children in foster care. However, figures vary between countries for several reasons, and so need interpreting with caution:

- The most recent available data refer to different years, and placement patterns may vary over time. Numbers of looked after children in England, for example, have increased by more than 7,000 since 2009, to over 67,000 in 2012.
- In Denmark, France and the Netherlands, care populations include young people who are counted within youth custody statistics in England and not in LAC datasets.
- Adoption is far less used in the other study countries than in England. In Denmark and the Netherlands, most are overseas adoptions or 'partner' adoptions by step-parents. In France too, more than 90 per cent of adoptions are from overseas. In all three countries, domestic adoptions are very rare, and this means that children who

¹ Source (accessed 28 February 2013): <http://www.legislation.gov.uk/ukpga/1989/41/part/III/crossheading/duties-of-local-authorities-in-relation-to-childrenlooked-after-by-them>

² Source (accessed 28 February 2013): <http://www.justice.gov.uk/downloads/statistics/youth-justice/yjb-stats-2011-12.pdf>

³ The term 'looked after' is not used in the other study countries, but for simplicity, it will be used to refer to children in the care system in all countries throughout this report.

would be adopted within the English care system are counted in LAC statistics, even when in a permanent or long-term placement.

- Differences in care statistics between England and other European countries may be partly ascribed to greater instability in the English care system, but lack of comparable data makes it difficult to draw firm conclusions.

These patterns do not only highlight the complexity of comparing care populations across countries. Differing legal frameworks and patterns of child placement – for example, in relation to emphasis on adoption or swift return home – form a key part of the context for work with families of looked after children.

In all four countries, policy states that parents should continue to be involved in care planning and in children's lives when they are placed away from home. The extent to which parental involvement is legally mandated depends on the extent of delegation of parental authority when a child is placed away from home. In Denmark, France and the Netherlands, parents retain a higher degree of parental authority when a child is placed away from home than is the case in England – either because the country makes less use of legally enforced placements (Denmark and the Netherlands), or because judicial mandate does not entail delegation of parental authority to the state (France). In all four countries, however, the research showed that the policy rhetoric of family involvement was not so easily achieved in practice.

The nature of work with families

The English literature indicates a relative dearth of attention to work with families *after* children are placed in care, in contrast to the substantial literature on work that aims to prevent the need for placement, and increasing recognition of the need for support when children return home after being placed. Discussions of work with families in both academic and policy literature are largely focused on 'contact', in line with local authority duties under the Children Act 1989.

A consistent theme to emerge from the English stakeholder interviews was that 'contact' is insufficiently conceptualised – or prioritised – as an area of social work practice, and that this is problematic in terms of meeting child needs, whether or not the plan involves return home. A related concern, highlighted particularly in England and France, was the elision of 'contact' with assessment of parents.

Lack of attention to wider family relationships – with siblings *and* extended networks – was a matter for concern across all four countries, whilst stakeholders also emphasised that relationships in the child's network could be a valuable resource for the future, if well supported. Examples of pro-active work to enable maintenance of sibling and network relationships included use of Family Group Conferencing and work by specialist professionals including family therapists and pedagogues to support network involvement in children's everyday lives in placement.

In order to move beyond 'contact' as the focus of work with birth families, it is useful to differentiate between different *forms* of work, and different *aims* for work. The research revealed distinctions between degrees of parental (or family) involvement in the lives of looked after children, including:

- information provision (for example, sharing school or medical reports for the child);
- involvement in decisions about the life of child, such as curriculum choices or permission for activities such as overnight stays; and
- direct involvement in the day-to-day life of the child (e.g., participation in aspects of daily life such as meals and joint activities, or accompanying the child to medical appointments).

Keeping parents informed, even when they cannot be directly involved, was seen as particularly important given that children were sometimes placed at some distance from their birth families. The research highlighted ways of enabling parents to be 'part-time' parents, including a Dutch intervention programme called 'Parent Support for Role Differentiation' (Haans et al. 2009).

Even when direct contact may not be appropriate, the cross-country review indicated a need to address the child's *psychological* needs, in terms of their relationships with family, and to find the best ways of addressing involvement for each individual child.

For families where direct involvement is appropriate, the Danish concept of '*samvær*' – 'being together' – provides a useful conceptualisation of contact. Examples of *samvær* included shared meals, watching TV together, and overnight visits to residential institutions, and similar examples were given in the Netherlands. *Samvær* activities often took place where the child was living.

Barriers and facilitators:

'the big challenge is how you make a good relationship'

The research highlighted a perceived tension between adult and child needs, with a corresponding uncertainty that involvement of parents is truly in the child's best interests, and this was seen as a barrier to work with birth parents and families. One consequence of these concerns – noted in all four countries – is that parents and wider family networks are often distanced from the child following placement, and support for parents, including support to address the difficulties that led to placement, is reduced or even removed. Interviewees across countries cautioned that attention to the child's existing family relationships should not be in tension with meeting child needs.

Across countries, timing was seen as key in enabling parental involvement. It was widely argued that parents (and family networks) need to be actively involved from the outset in care planning and placement choice, based on a partnership focused on the child's best interests. Effective family involvement was seen as likely to depend on this early work. In England, pressures on social workers and an adversarial child care system were said to pose a barrier to the development of effective parent involvement.

In France, Denmark and the Netherlands, strengths-focused and resource-orientated approaches were said to be helpful in identifying how parental (or family) involvement can be managed in the best interests of the child, by enabling parents to maintain aspects of the parental role that have been managed well.

Across Denmark, France and the Netherlands, birth family involvement in children's lives was seen as less challenging when children lived in residential institutions than if they were placed in foster care. Residential institutions account for a much larger proportion of care provision in these three countries than in England. Relatedly, all three countries have more differentiated models of residential placement; residential care is less likely to be viewed as

a last resort option than in England, but rather is seen as a specialist intervention for young people whose needs cannot be met in family placements. There are correspondingly higher levels of professional qualification among residential care staff in France, Denmark and the Netherlands than in England. Approaches to work with families need to be seen in this context. Family focused work was seen as less challenging in residential care, compared to foster care, in part because of the work of professional teams in residential care services, but also because of the differences in private space in institutional and family care contexts. Examples of foster carers hosting contact were given in all countries, but in England and France this was unusual, and in all countries it could be difficult.

Professional roles

Stakeholders across countries consistently emphasised that professionals needed to be proactive in ensuring that parents are kept informed and involved.

In both Denmark and the Netherlands, parents of a child placed away from home are entitled in law to have a dedicated support worker. The research raised some questions about the extent to which these roles are actually offered to, or taken up by, parents, but also highlighted evidence that such support was helpful to parents when it was used.

To varying degrees across countries, foster carers and residential care workers were expected to take a role in supporting children's contact with their birth families. Direct work with families was also carried out by social workers or other dedicated staff.

In France, Denmark and the Netherlands specialist professionals were qualified to Bachelor or Masters level in fields such as family therapy, psychology, and pedagogy⁴. To recognise the importance of work with families when children are placed away from home, attention must be paid to the theoretical knowledge, training and skills needed for this complex area of practice.

Work towards return home

Many children who are looked after in England return to live with their parents – the largest group of those who cease to be looked after as children (37 per cent). Many go home from placement within a relatively short time: 45 per cent of those who ceased to be looked after in 2012 had been in the system for less than a year; 32 per cent for less than six months⁵. However, there is evidence that proactive case management and work with parents plays a major role in the success or failure of reunification (e.g., Farmer and Lutman 2010). Comparative data on return home were not available, but across the study countries, work towards reunification included the following:

- Intensive family support, alongside a placement and/or for a period following the end of a placement, played a significant role in work to support return home in Denmark, France and the Netherlands.
- In England, Denmark and the Netherlands, work towards return home was also supported through use of standardised programmes of intervention, including MST, MTFC, FFT, and Parent Management Training. Echoing UK evidence (e.g., Biehal et al. 2012), the research also indicated a need for differentiated approaches: looked

⁴ Social pedagogy in Denmark; orthopedagogy in the Netherlands; and *éducation spécialisée* in France.

⁵ Comparable data not available for all the study countries. Source: Department for Education (2012), Children Looked After By Local Authorities: <https://www.gov.uk/government/publications/children-looked-after-by-local-authorities-in-england-including-adoption>

after children and their families are a highly heterogeneous group, and one size does not fit all.

- In Denmark and the Netherlands, specialist interventions for young people and their families were often linked to placement in residential care and supported by a professionalised residential care workforce including pedagogues and family therapists, in accordance with a conceptualisation of residential care as a specialist intervention for young people whose needs cannot be met in family placements. Programmatic interventions were not described in France.
- Access to adult services – including specialist mental health, learning disability, and substance misuse services – was highlighted as important to support work with families in all the study countries. However, this was noted as a challenging area of practice by several participants in England, in part because birth parents might not meet high service thresholds for adult services, even when the family meets thresholds for access to children’s social care.
- In Denmark, France and the Netherlands, part-time care arrangements – often alongside intensive family support – were used to support the process of return home whilst maintaining continuity and a tapered ending to the child’s placement.

Conclusions

- Across the four countries, work with families of children in care was consistently described as **a challenging and neglected area of work**.
 - Policy in all four countries – including England – makes reference to work with families when children are in care, but policy frameworks say little about **how parent and family involvement might be achieved in practice**. This situation was changing in Denmark, France and the Netherlands where recent legislation has placed increased emphasis on birth parent involvement, and accompanying guidance addresses family involvement.
 - The research highlighted **a fundamental ambivalence about work with parents**, tied to concern about the potential risks and problems of parent and family involvement, given the difficulties that can lead a child to be placed in care. In child protection focused systems, best interests can become equated with keeping the child safe. Once that is achieved, pressure on social services teams is relieved and work with parents and families can cease to be a priority.
 - Relatedly, many stakeholders cautioned that **children’s rights and needs (and best interests) should not be supplanted by a focus on parents’ rights** – although it was equally noted that the two are not necessarily in conflict.
- **The importance of family-focused work** was widely agreed, and similar reasons were highlighted by stakeholders across countries:
 - Many children who become looked after will **return to birth parents or birth families** in childhood or as care leavers; respondents emphasised that parents do not cease to be parents when a child enters care.

- Family means much more than parenting. Just as kin networks are an important resource in preventing placement, or in accommodating children *within* the birth family, **positive relationships within the wider family were seen as a critical resource** for children who cannot live with their birth parents – in childhood, and into adulthood.
- **Relationships remain psychologically present for children and parents**, even if face to face contact is precluded in the child's best interests. The research indicated that work with looked after children needs to take those psychological relationships into account.
- **The growth of social media** means that it is likely to become increasingly difficult to regulate children's contact with family members.
- In countries (including Denmark, France and the Netherlands) where parents formally retain a higher degree of parental responsibility, this appeared to be related to a higher expectation of parental involvement in (or agreement with) decision-making and children's everyday lives. That is not to say that work with parents is unproblematic, but **the expectation that parental involvement is necessary** may be an important first step in establishing this as an explicit area of practice.
- Policy and service frameworks varied across countries. Nonetheless, key themes emerged in factors that were seen to **facilitate family involvement** in children's lives whilst in care:
 - In Denmark and the Netherlands, **early involvement** was highlighted as important in establishing constructive relationships between parents and family members and professionals, by involving parents and other family members in contributing to care planning and (where possible) to decisions about where a child should be placed.
 - **Support for parents in coming to terms with role differentiation**, parenting 'at a distance' or as a part-time parent, was also emphasised in Denmark, France and the Netherlands, and respondents in these countries highlighted resource- and partnership-oriented approaches that could help to determine which aspects of the parenting role should be maintained.
 - The Danish framing of **child-family contact as 'being together'** (*samvær*) contrasted with conceptualisations of 'contact' in the English literature, highlighting an emphasis on **family involvement in children's everyday lives and everyday worlds**.
 - Service providers in all three continental European countries included **specialist professionals such as psychologists and family therapists** – roles which remain exceptional within English social care teams.
- **Intervention to address the problems that led to placement**, and to support work towards return home, was seen as a key focus for work with families in all four countries. This work included:
 - **Intensive family support**, alongside a placement and/or for a period following the end of a placement.

- **Standardised interventions** that are already being used in England (e.g., MST, MTFC).
- **Family-centred residential care**, including structured programmes involving intervention with children and birth families.
- **Part-time care arrangements** – often alongside intensive family support – were used to support the process of return home whilst maintaining continuity and a tapered ending to the child's placement.

Work with families of looked after children is a complex, challenging and neglected area of practice in all four countries in the present study. However, as befits the study's focus on learning from well-developed practice, the research clearly indicates the potential value of going beyond a focus on 'contact' – a focus which dominates the English language literature – to **distinguish between different aims and approaches to family involvement**, and think about *how* and *why* parents and other family members are involved in children's lives:

- For children for whom the plan is return home, work with families should be concerned with maintaining involvement and relationships in everyday life, as well as effectively addressing the problems that contributed to placement, in order to reduce the likelihood that a child will need to be accommodated again.
- For children who will not return home, there is nonetheless a need to recognise the importance of kin networks as part of their past, present and future identities – the sense of 'close-knit selves' that characterises family. This entails recognising and supporting the connections between the 'multiple families' in children's lives, and so it will often be appropriate to maintain birth family involvement, including sibling, birth parent and extended kin relationships.
- Occasionally contact with birth family members may not be appropriate, and work should focus on building alternative relationship networks for the child.
- For *all* children looked after away from their birth parents, *whether or not* the plan includes return home, there is a need to support children and their birth families in addressing separation, attachment and loss. Children must be supported to achieve a sense of belonging and identity that addresses the complex, dynamic and varied meanings of 'family' that they have experienced, whilst in care, and going on into adulthood.

Beyond Contact: Work with Families of Children Placed Away from Home in Four European Countries

1. Introduction

The focus of this study is on work with families of children who – in England – are described as ‘looked after’ by a local authority, as defined under Section 22 of the Children Act 1989⁶. The term ‘looked after’ can include children who live *apart* from their birth parents as well as those who are ‘looked after’ but ‘placed *with* parents’ (five per cent of those in the English care system). Most children in England who live apart from their birth parents are not within the looked after system. Many live with family and friends but are not looked after (Nandy and Selwyn 2012), while others have left the looked after system through pathways to legal permanence including adoption, special guardianship and residence orders⁷. Almost 2000 young people live in youth custody settings⁸. The research reported here does not encompass *all* children and young people who live away from their birth parents but, rather, focuses on those who are legally defined as ‘looked after’, and living in placements away from their birth parents.

In England, placement within the looked after system is not viewed as a desirable long term solution for most children, and policy has prioritised continued contact with parents, and swift return home, wherever possible. Such work is challenging, however. There is a need to develop practice to support parental involvement in the lives of their children while in the care system, and to work with families to support return home and address problems that contributed to care entry. This briefing paper examines these areas of work in Denmark, France and the Netherlands, as well as in England, through a critical ‘state-of-play’ analysis drawing on academic research, policy documents, and interviews with a small number of key professional stakeholders. It considers how, and why, different countries have tackled these difficult issues in children’s services, examining both what policy says *should* happen, and what actually happens on the ground, in order to identify messages for English policy and practice.

1.1 The English context

The historical development of the child care system in England has been influenced by shifts of emphasis in ideas about the purpose of the system, often influenced by scandals and their impact on public opinion. The balance of policy has tipped back and forth between trying to improve the care system, and trying to keep children out of it. The Children Act 1989 sought to put the emphasis back on care as a service to parents rather than as a punishment for inadequacy, with a new category of ‘voluntary accommodation’. The Act emphasised parental rights and responsibilities in relation to the ‘best interest of the child’, and introduced the concept of ‘children in need’ for whom local authorities were now required to provide services. However, placing children away from home has continued to be viewed as a last resort, with the aim being to return children to their birth families as soon as

⁶ Source (accessed 28 February 2013): <http://www.legislation.gov.uk/ukpga/1989/41/part/III/crossheading/duties-of-local-authorities-in-relation-to-childrenlooked-after-by-them>

⁷ Source (accessed 20 December 2012): <http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00199753/children-incare-and-adoption-performance-tables>

⁸ Source (accessed 28 February 2013): <http://www.justice.gov.uk/downloads/statistics/youth-justice/yjb-stats-2011-12.pdf>

possible. Guidance on the Act published by the Department of Education (2010, p2) stated that:

A key principle of the 1989 Act is that children are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

This guidance also states that all children should have ‘a secure, stable and loving family to support them through childhood and beyond’ (op.cit. p3). These principles inform the looked after system in a number of ways. In relation to work with families, they inform local authority duties in relation to the Children Act, including the duty to return a looked after child to his/her family unless this is against his or her interests; and the duty, ‘unless it is not reasonably practicable or consistent with his/her welfare, to endeavour to promote contact between a looked after child and his/her parents or others’ (op. cit. 2010, p3). As such, English legislation indicates the need to attend to work with families of looked after children. But what does this work entail?

Pathways through the care system

In order to understand the *purpose* of work with families, it is first necessary to take account of the variety of potential pathways through the care system for children who become looked after:

- some children will make a permanent return to their birth parents, following a period in care;
- some will return home, only to re-enter care at a later date;
- others will experience planned shared care arrangements, including regular short-break care;
- some will live within the looked after system through the remainder of their childhood, whether in residential placement, unrelated foster care or family and friends care; and
- a minority⁹ will experience legally permanent arrangements with other carers, through adoption, special guardianship orders and residence orders.

Of course these categories are not clear cut. Only time will tell, for example, whether a ‘permanent’ return home will be permanent, or whether the child might subsequently return to care. But the distinction between these potential pathways highlights the importance of considering the contexts within which work with families may take place.

Work with families needs to take account of the intended pathway for the individual child. If return home is being planned or considered, work with families needs to take account of that objective. Similarly, if the plan is for permanent placement through childhood (whether through *legal* permanence or not), work with the child and family should have a different focus. The needs of work with families of children living in shared care arrangements are different again. Moreover, such differences are not clear cut. Family lives are dynamic, and care plans can change. Equally, families are not homogenous entities, but comprise multiple complex relationships – with siblings and extended kin networks, as well as with birth parents. To what extent are the complexities of ‘family’ – and the different possible objectives for family-related work – taken into account in the policy and practice of work with families?

⁹ Performance tables published by the Department for Education in November 2012 show rates of adoption for children who ceased to be looked after as a three-year average (2010-2012): the average for England was 12 per cent, but rates varied from less than two per cent to 27 per cent across local authorities.

Contact and work with families

Most looked after children have contact with their birth family, and many have weekly contact in some form with a parent, with figures ranging from 40-80% across studies (e.g., Sinclair 2005; Farmer et al. 2008; Berridge et al. 2012). Contact also varies according to type of placement and age of child, and is much less in planned long-term foster care (Schofield 2009). Across studies, most children say they want contact, even though it is not always a positive experience. Particular concerns have been raised about the potentially stressful effects of high levels of contact for young infants during care proceedings (e.g., Schofield and Simmonds 2011), but this does not mean that contact per se should be avoided. Rather, as Neil and colleagues (2003) observed, contact arrangements must always take account of the needs of the individual child. Schofield and Simmonds (2011, p74) argued for the need to ensure that contact can be a positive experience, by attending to the complex pressures on all those involved – including the child – in order to ‘create a stable, secure and sensitive set of arrangements’.

Cossar and Neil’s (2013) discussion of post-adoption contact between siblings is highly relevant to discussions of work with families for *any* looked after child. They highlighted the need to go beyond a focus on ‘contact’, to address the complexity and dynamism of kin relationships and support the ‘everyday interactions [through which] kinship relations are maintained’ between the ‘multiple families’ in children’s lives (op.cit., p74).

Wade’s (2008, p52) study of care leavers – 80 per cent of whom were in contact with birth families – concluded:

it is important that the maintenance of positive family links is kept continuously in mind throughout the time a young person is looked after, since this is indicative of the family support that is likely to be available on leaving care, and that creative ways are found to involve family members in the pathway planning process, including the key kin that young people are likely to find most supportive.

Birth family relationships are likely to be *psychologically* present for children, *whether or not* they will return home in childhood, or as care leavers. As Neil and colleagues (2003, p404) observed, both adopted and fostered children are likely to have similar needs for ‘help to negotiate the psychologically hazardous territory’ of attachment, loss and identity following separation. These authors also found that contact could be more straightforward, and less stressful, in adoptive families than in foster families; fostered children – not surprisingly – had more complex relationships with both birth parents and their new parents. Studies of family life across generations have consistently shown how important parental and family responsibilities extend far beyond childhood or the period of transition around leaving home (e.g., Finch and Mason 1993; Bengtson 2001; Bucx et al. 2012; Nilsen et al. 2012). Edwards and colleagues (2012, p743), writing of the concept of ‘family’ emphasised the sense of connected ‘close-knit selves’ and the ‘collective fusions within and across generations’. This definition implies a need to go beyond ‘contact’ to address the complex meanings of family for young people in care.

Children who return home

Many children who are looked after in England return to live with their parents: the largest single group (37 per cent) of those who ceased to be looked after *as children* in 2012¹. Many children go home from placement within a relatively short time, less than six months or a year. Others will return as young adults on leaving care; 13 per cent of 19 year old care

leavers in 2012 were living with birth parents¹⁰. However, Thoburn and colleagues (2012, p5) noted that researchers have consistently drawn attention to 'children who 'yo-yo' in and out of care (usually to different carers)'. A detailed analysis of statistical data on children looked after in England showed that over 40 per cent of young people who re-entered care aged 10 to 15 years had already had three or more previous periods in the care system (Boddy et al. 2008).

Davies and Ward (2012) reviewed studies concerned with children looked after for reasons of safeguarding, and identified factors associated with the likelihood that children who return home will (or will not) require readmission. Notably, children who returned early to the same parent were unlikely to do as well as those who returned after sufficient time has elapsed for the problems that led to the original admission to have been addressed. Wade and colleagues (2011) compared maltreated children who returned home with those who remained within the looked after system and found that, in general, return home tended to be an unstable arrangement. Only one third of children who went home from care were able to remain continuously at home over the next four years. Eighty-one per cent of children reunited with parents who were still misusing drugs subsequently re-entered care or accommodation. Moreover, children who returned home did less well (on a global measure of well-being at the time of the four-year follow up) than those who remained in care, even when reunification was stable. In Farmer and Lutman's (2010) longitudinal study of children placed because of emotional abuse and neglect, 65 per cent of those returning home were back in care by the five year follow-up. At the two year follow-up, 59 per cent of the children had been abused or neglected after reunification and, during the next three years, half of the reunified children whose cases were open had experienced further abuse or neglect.

Davies and Ward (2012) criticised professionals' over-optimism about return home, highlighting the need for careful planning and support around reunification. Farmer and Lutman (2010) reported that one of the major influences on successful reunification was the local authority in which the child resides, noting that proactive case management and work with parents plays a major role in the success or failure of reunification. Biehal's (2006) review reported that children who are regularly visited by parents, and for whom this contact is a positive experience, are likely to remain in care for shorter periods, although she noted that it was not parental visiting *per se* that brought about early return home but, rather, a number of positive factors that were often associated with this, such as stronger attachment between parent and child, support to parents from social workers and purposeful, planned social work activity. This literature highlights a critical question: of whether sufficient attention is given by social workers and others to work with birth families, whether that work is focused on helping children to return home, or (also) on supporting parents' involvement with children's lives in care, and maintaining relationships with siblings.

¹⁰ Source: Department for Education Care Leavers Data Pack, accessed 14 May 2013:
<http://www.education.gov.uk/childrenandyoungpeople/families/childrenincare/a00216209/care-leavers-data-pack>

2. Learning from difference: the aims and methods of the study

Cross-national research can offer a powerful tool for policy and practice development. It provides a way of looking with ‘fresh eyes’, illustrating how, and why, different countries have tackled similar issues in children’s services. However, such research is inevitably complex, because one is rarely comparing like with like (Hantrais, 2009): each national context has its own demography, cultural expectations and social welfare regime, based in political, cultural, and ideological traditions.

With those caveats in mind, the research reported here aimed to learn from parallel country case studies, taking account of country contexts, and considering what the work with families of children in care was aiming to achieve, alongside analysis of the kinds of work undertaken, and by whom. It is important to note that the study did not set out to compare the ‘effectiveness’ of family-focused work across countries, nor systematically to review all the relevant research evidence, nor to undertake primary research into family-focused work with looked after children. The over-arching objective, through triangulation of perspectives and sources within and between countries, was to identify areas for shared learning with the potential to inform policy and practice development in England.

This objective was achieved through a ‘state of play’ analysis of the experience of four European countries – England, Denmark, France and the Netherlands, each of which provides a useful, but distinct, case study for cross-national learning. A critical analysis was conducted, based on the following process:

National ‘knowledge synthesis’ reports were prepared for all four study countries: England, Denmark, France and the Netherlands, to provide a basis for the integrated critical analysis presented here. Each included a documentary review, including published policy and legislative documents; publicly available national statistics (where available); and academic and ‘grey’ literature.

In addition, we conducted **telephone interviews with six senior stakeholders in each country**¹¹: one representative of national policy; one senior local authority manager responsible for children in public care; two academic experts in work with looked after children and/or family support; and two senior practitioners or service managers involved in work with families of looked after children. These interviews were not designed to generate representative data on practice in the study country, but to provide expert commentary on the research questions, in order to (i) extend the identification of relevant information for the reports and (ii) offer a critical perspective on current policy and practice, and the relation between the two.

Subsequently, the draft country reports were circulated among the research team, and **stakeholder forums were held in all four countries**, involving the researchers from each country, the stakeholders interviewed in the first phase of work, along with other key figures identified in the course of the work. These small discussion groups provided an additional stage of ‘check and challenge’ on the critical analyses emerging from the country reports, and contributed to the third stage of work, a cross-national analysis, through discussion of key stakeholders’ reactions to presentation of reports from other countries. Interviews and stakeholder forums were not transcribed, but a detailed concurrent note made of each. Quotes presented in the report are not verbatim, but are based on the concurrent note.

¹¹ Stakeholder interviewees were identified by the partners in each country, drawing on preliminary scoping work and existing contacts.

3. Contrasting contexts

Before turning to work with *families* of looked after children, it is useful to know a little about the numbers and characteristics of looked after children in each country. Care populations vary across the four countries, as Table 1 shows. Across the four countries, the Netherlands and Denmark have the highest rates of children in placements; England has the lowest rate, and the highest proportion of looked after children in foster care. However, these figures do not compare like with like, and need interpreting with caution for several reasons.

Table 1. Children placed in out of home care¹²

| | France | Denmark | Netherlands | England |
|--|--------------------|----------------|--------------------|-------------------|
| Total country population (m) | 64.7 | 5.6 | 16.7 | 63.2 |
| Looked after children (LAC) | 133,671 | 12,565 | 40,450 | 65,520 |
| Rate of LAC per 10,000 under 18 years | 93 | 104 | 114 | 56 |
| % of LAC in foster care | 53% | 51% | 54% | 74% |
| % of LAC in residential care¹³ | 39% | 40% | 46% | 9% |
| % of LAC placements involving some delegation of parental authority | 2.5% ¹⁴ | 12% | 20% | 71% ¹⁵ |

The rates presented refer to the most recent available data at the time of the country reviews – and so refer to different years. The most recent available data refer to different years, and placement patterns may vary over time. Care populations are dynamic, and numbers of looked after children in England, for example, have increased by more than 7,000 since 2009, to over 67,000 in 2012.

Second, whilst England has the smallest proportion of looked after children, in contrast to the other countries this figure does not include young people in youth custody. The other three countries all have higher ages of criminal responsibility, and their care statistics include young people who would be accommodated (and counted) within the English youth justice system. In the year 2011-2012, almost 4,000 custodial sentences were given to young people aged 10-17 years in England, and the average population in custody was just under 2,000 children (Youth Justice Board/Ministry of Justice, 2013).

At the same time, adoption is far less used in the other study countries than in England. In Denmark and the Netherlands, most adoptions are ‘partner’ adoptions by step-parents. In Denmark, there were fewer than 500 ‘anonymous’ adoptions in 2009, and most were overseas adoptions: just eight Danish born children were anonymously adopted. Similarly, in the Netherlands, there were just 36 domestic adoptions in 2010. In France, Halifax and Villeneuve-Gokalp (2005) reported that more than 90 per cent of adoptions were from overseas, and the proportion of domestic adoptions was said to be declining. These

¹² Table 1 shows the most recent available data at the time of the research. For the Netherlands, this relates to 2009 figures. For France and Denmark figures refer to 2010, and those for England to the year ending 31 March 2011. Sources: Statbank Denmark <http://www.statbank.dk/>; Statistics Netherlands <http://www.cbs.nl>; Mainaoud 2012; Borderies and Trespeux 2012; DfE <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/index.shtml>

¹³ The percentage of children accommodated in residential or foster care may not sum to 100% in cases where statistics include young people in other forms of care (e.g., placement with parents in England).

¹⁴ This figure relates to placements involving formal retraction of parental authority; approximately 90% of placements are made with judicial authorisation – see below.

¹⁵ In England, this includes Care Orders and Placement Orders.

patterns contrast with the English context, where approximately five per cent of looked after children are adopted – a figure which increased slightly in 2012 (to 3,450 children), but has remained relatively constant over the years (see Boddy 2013). These differences have implications not only for work with birth families, but for statistical comparison. Children who would be adopted within the English care system, and so not counted in care population statistics, will be counted as ‘looked after’ in other countries, even when in a permanent or long-term placement.

Differences in care statistics between England and other European countries may also be partly ascribed to greater instability in the English care system. Looked after children statistics are usually based on a point prevalence census, counting children in care on one particular day; in England, more than a third as many children again will spend time in care during any given year. This discrepancy is likely to be less marked in countries where children tend to stay in care for longer periods. Equivalent data were not available for the other study countries, but in England, 93,000 children spent time in the looked after system in 2012, with another 8,000 looked after under at least one series of short term placements. This figure compares with just over 67,000 on the census day of 31 March. In Denmark, by contrast, emphasis on stability means that looked after children experience little movement within the system, or in and out of care: Andersen (2010) reported that approximately 60 per cent of children placed away will only experience one placement, and less than 20% of all those looked after experience more than two placements up to the age of 18.

These patterns highlight the complexity of comparing care populations across countries, but the differing patterns of child placement also form a key part of the context for work with families of looked after children. For example, in countries which place less emphasis than England on adoption, or on swift return home, what priority is given to work with families of children in care? Is there less attention to work towards return home? Is there more concern with maintaining parental involvement in children’s lives whilst in care? Boddy et al. (2008) reported more part-time and shared care placement options in the European countries they studied, compared to England, quoting a Danish psychologist who remarked that ‘sometimes I think it’s a very good task to turn full-time parents into part-time parents’ (Boddy et al. 2008, p 142). What does this mean for ways of working with families of children in care?

Work with families of children placed away from home was described as a difficult and neglected area of practice in all four of the study countries, including England. Interviewees and participants in the consultative country seminars raised many concerns that will be familiar for a UK reader, and these are highlighted where relevant in the account that follows. Nonetheless, the country reviews and stakeholders also illuminated examples of well-developed and effective practice in all the study countries. Whilst such examples cannot be seen as representative of *all* practice in a country, they do highlight the potential for all four countries to learn from experiences elsewhere in Europe. During the Dutch consultative seminar, the director of a Dutch care organisation observed:

It is interesting to hear the common problems across countries, but it is more important to know how you find solutions.

4. Policy frameworks

Among the four countries in our research, only England does not have a written legal constitution. In France, the family as a unit is protected within the constitution, with reference in the Civil Code to the '*absolutisme*' of parental authority. The Danish and Dutch constitutional laws make no explicit reference to families, although the Danish constitution does specify the rights of children (for example in access to education), an emphasis shared with other Scandinavian countries such as Finland (see Hantrais 2004). This emphasis on the rights of children as citizens is also evident in more recent Danish policy, which stipulates that all citizens have a right to support from the state. More specifically, the Danish Service Act 1998 requires that support for families (and hence parents) is embedded within universal practice in local authorities.

4.1 Delegation of parental authority

In all four countries, policy frameworks stated that parents should continue to be involved in children's lives when they are placed away from home, although interviewees in all four countries felt that this was a neglected area of work. However, there were differences between the three countries and England in the extent to which placement was made with judicial mandate, and relatedly, the extent to which parental authority is delegated to the state when a child is placed away from home.

In England, most placements are legally enforced and involve mandatory delegation of parental authority (to the local authority as 'corporate parent'). Care Orders were used for 60 per cent of looked after children in 2012, and another 11 per cent of children had Placement Orders (which authorise the child's placement for adoption, with or without parental consent)¹⁶. Under the terms of a Care Order, the local authority takes parental responsibility for the child for as long as the order is in force. Parents do not lose their parental responsibility, but the local authority has power to limit the parents' and others' exercise of parental responsibility as necessary to safeguard and promote the child's welfare.

In the other three countries parents all retain a higher degree of parental authority when their children are placed away from home – either because the country makes less use of legally enforced placements (Denmark and the Netherlands), or because judicial mandate does not entail delegation of parental authority to the state (France).

In Denmark, legally mandated placements have increased in recent years, accounting for 12 per cent of placements in 2010¹⁷ - a much smaller proportion of the 'looked after' population than in England. These placements involve some delegation of parental authority, but parental involvement is still stipulated in legislation. Within the Dutch system, about 20% of children are placed under guardianship, with some delegation of parental authority to the family guardian. However, this proportion is said to be decreasing¹⁸, with a shift since the 1980s towards less restrictive measures. In France, 87 per cent of placements¹⁹ are made under the authority of the children's judge (*Juge des Enfants*), but these very rarely involve the retraction (*retrait*) of parental authority. In 2010, approximately 2.5 per cent of placements involved partial delegation of parental authority to the local authority; for 251

¹⁶ The remainder were placed under supervision orders, without delegation of parental authority.

¹⁷ Most recent available data, source Statbank Danmark, accessed 1 May 2013

<http://www.statbank.dk/statbank5a/default.asp?w=1600>

¹⁸ Source, Statistics Netherlands: <http://www.cbs.nl/en-GB/menu/themas/dossiers/jongeren/publicaties/artikelen/archief/2013/2013-3774-wm.htm?RefererType=RSSItem>

¹⁹ Most recent available data, source Borderies, Tertieux (2012).

children (0.18% of children in placement) there was a total retraction of parental authority, thus allowing for their adoption²⁰. As in the Netherlands, these measures were said by our interviewees to be decreasing, in line with an increased policy emphasis on parental involvement.

Cross-country variations in the extent of delegation of parental authority determine the extent to which birth parents are still seen as *responsible* for their children, and hence provide a policy frame within which work with birth families is conceptualised. This in turn influences whether the main focus is on parental rights, child rights or child needs. As one senior English stakeholder (from a non-governmental organisation) observed, these considerations are further coloured by the emphasis on adoption and legal permanence in English policy discourse: 'Fear of adoption is a very vibrant issue for UK families'.

4.2 Policy frameworks for parental involvement

In England, the Children Act 1989 sets out local authorities' duty to promote contact with birth parents, when feasible for looked after children. DfE guidance (2010, p32) states that 'contacts, however occasional, may continue to have a value for the child even when there is no question of return to his/her family'. Both the National Minimum Standards for Foster Care (Department for Education, 2011a) and the National Minimum Standards for Children's Homes (DFE, 2011b) include a standard called 'promoting and supporting contact'. This can include 'where appropriate visits to the child in the home, visits by the child to relatives or friends, meetings with relatives or friends, letters, exchange of photographs and electronic forms of contact'. It is expected that staff have appropriate training, supervision and support if they are required to supervise and facilitate contact. However, apart from the need to involve birth parents in review meetings and to promote continued contact with their children, there is little mention in policy documents about work with parents once children have been placed away from home.

A Select Committee inquiry into looked after children in 2008-09 reported receiving 'very little evidence' on support provided to parents during and after their child's time in care. The committee concluded that 'it is imperative that constructive relationships between children's services and the family are established at the outset, maintained while the child is in care, and continued when they return home' (House of Commons Children, Schools and Families Committee, 2009: p28). No detail is provided about how services might work with families, or the purpose of this work.

In Denmark, France and the Netherlands, recent legislation has placed increased emphasis on birth parent involvement when children are placed away from their families of origin. However, the countries varied in the framing of discourses around parent and family involvement.

In France – and in line with the principle of the absolutism (*absolutisme*) of parental authority set out in the French constitution – legislation in 2002 and 2007 has set out increased requirements for partnership with parents (*partenariat*). 'Clients' gained additional rights, including (a) provision of information about their rights and duties; (b) participation ... in developing and implementing the intervention or care plan; and parental participation in at least some aspects of the functioning of the institution or service where the child is living. Relating to this shift in legislative emphasis, several 'good practice' guides have been published for professionals, focused on co-operation between parents and professionals (Sanchez 2010; ANESM 2009; Ministère de la Santé et des Solidarités 2007). A senior policy adviser in France explained that the changes in legislation have generally resulted in emphasis on the *children* as clients: it is for them that their parents must be drawn into the

²⁰ ONED 2013, p10

process. She gave the example of the legal requirement for a plan to be developed for each child, the *Projet Pour l'Enfant*, jointly with the parents. This approach was said by our interviewees to help increase parental commitment and involvement, refocusing attention on their wishes, concerns and worries, with the aim of enabling families to become 'stakeholders' in their children's placement.

In Denmark, the most recent policy, the Reform for the Child 2011 (*Barnets Reform*) stipulates that the best interests of the child must be at the centre of practice. As in France, the child's best interests are seen to require professionals to work with the child's family too. Legislative changes relate to four themes: early intervention; quality in intervention; security and continuity when growing up; and the rights of children and young people. This incorporates an explicit emphasis on the child's rights to continuity in relationships with their immediate family and wider network: children have a right to '*samvær*' – a concept which goes beyond 'contact', meaning literally 'being together' – with parents and the wider family network, including siblings. Within that framework, the Reform for the Child also stipulates that there must be a specific plan to support the parent(s) (*handleplan*) in addition to – and separate from – the care plan for the child. Again, this plan is framed in relation to the child: drawing on parental resources (and those of the network) and providing support to address their problems so that they can contribute to the development and best interests of the child, including (if possible) enabling return home.

In the Netherlands, the Youth Care Act 2005 (*de Wet op de Jeugdzorg*) provides the legislative basis for youth care services, targeting children and young people 'at risk' and their families. Policy is based on a principle of *zo-zo-zo beleid* (literally 'so, so, so'), aiming to provide care that is as short as possible and as light as possible and as close to home as possible. The Youth Care Act stipulates parental involvement – in care planning and in their child's life whilst in placement. The Youth Care Agency, in making the care plan, is required to take account of the *strengths* of the family and to work with the parent(s) to identify what is needed to improve the family context. Opinions of parents must be reported in this plan, and arrangements for contact must be addressed (van Montfoort, van den Braak and Hordijk, 2009). When placement is voluntary (three-quarters of placements, as noted above) parents must consent to the referral and care plan. Within the legislation, parents have the right to receive information about their child's wellbeing and development, for example, to be informed about the school or other activities of the child.

So, policy in all four countries stipulates parental involvement in care planning, although the extent to which this is mandated depends on the extent of delegation of parental authority when a child is placed away from home. In Denmark, France *and* the Netherlands, parents retain greater rights to involvement in decision-making than in England. In all four countries, however, the research showed that this policy rhetoric was not so easily achieved in practice.

Guidance on the Danish Reform for the Child 2011 states that this new legislation aims to address the lack of parent *and* child involvement in care planning (which it attributes to the pressures on social workers, and their workloads). In the Netherlands, one Dutch stakeholder commented that the law stipulates that parents should be involved, but that there is insufficient guidance about *how* they should be involved:

So this is open to interpretation. For example, do the professionals and the parents have to write the treatment plan together or should the professional write the treatment plan while the parents merely agree or not?

Similarly, a French respondent noted that the participation of parents often remains merely at a formal level: they may be called on to sign up to (or agree to) the *Projet Pour l'Enfant* (PPE, care plan), but, she cautioned, there may be very few opportunities for them to

participate directly in developing the plan, or formulating its objectives. In some *départements* (local authority areas), parents can only consult the PPE when it is completed, so they are not in any way involved in its conception. In other *départements*, development of the plan may be directly informed by communication between parents and professionals. According to Barbe (2006, p102):

Reference to rights [in policy] remains little related to precise ways in which these rights are guaranteed or that allow for their realisation.

5. The nature of work with families

5.1 Beyond 'contact'?

As noted earlier, our review of English literature indicated a relative dearth of attention to work with families *after* children are placed in care, in contrast to the substantial literature on work that aims to prevent the need for placement, and increasing recognition of the need for support when children return home after being placed. Discussions of work with family, in both academic and policy literature, are largely focused on 'contact', in line with local authority duties under the Children Act 1989. A consistent theme to emerge from the English stakeholder interviews was that 'contact' is insufficiently conceptualised – or prioritised – as an area of social work practice, and that this is problematic in terms of meeting child needs, whether or not the plan involves return home. A senior academic argued for the need to attend to 'the question of what 'working with families' involves', commenting that 'we don't expect much, and we don't resource it'. Other respondents in England expressed similar concerns. For example:

Attitudes to contact focus on meetings and practical arrangements. That's important of course, but there is insufficient attention to understanding the [child's] relationship with the birth family – and for developing that understanding as you grow up. Your relationship with your family is ongoing, whether you see them or not. You can't address that relationship simply by seeing them more or less.

Senior manager, non-governmental organisation

Work with families becomes about contact, because contact is the bit that the court says you have to do. And we don't use contact to do meaningful work with families. [...] And there is a tension, in that evidence from contact is often used against the parent – so they are observed, but the worker is not intervening, is not teaching parenting skills. When you think about the amount of time that parents and children spend together in contact visits – several hours a week sometimes – it's not a huge amount of time, but you could do a lot.

Senior local authority manager

Differentiation between different *forms* of work with families, and different *aims* for work with families was seen as crucial, across countries. Geurts and colleagues (2012) argued that, to go beyond contact, family involvement needs to address distinct domains of work, including the formal processes of care; the everyday lives and activities of children; and intervention to address the problems that led to the child's placement. Equally, as indicated by the comments above, work also needs to address children's relationships with family members. Across the study countries – including England - different forms of work with families were identified, corresponding to 'contact', or involvement in everyday lives, intervention to address the difficulties that led to the child's placement away from home, and work to support parents and/or children in coming to terms with their relationships following placement. Such work demands a differentiated approach, depending on individual child and family needs and characteristics.

5.2 Work with families in the child's best interests?

Stakeholders in all countries commented that work with families was a challenging and neglected area of practice when children were placed away from home. Common themes emerged in explanations for why such work is so difficult. Foremost was a perceived tension between adult and child needs, and a corresponding uncertainty that involvement of parents is truly in the child's best interests. Most of the relevant English language research evidence relates to contact, and indicates that the impact of contact depends on a number of other

factors, including the nature of the attachment between child and parent(s) (Cleaver, 2000; Sen and Broadhurst, 2011). There is little evidence that contact as a single variable is predictive of placement stability; and poor quality or problematic contact, especially when unsupervised, can destabilise placements (Moyers et al., 2006; Sinclair et al., 2005).

In Denmark, Egelund (2011) has written about a fundamental ambivalence in relation to work with parents in many residential institutions, which means that parents are kept 'at arm's length'. She cites a residential home manager saying:

I felt that it had been installed into the pedagogues [residential care workers in the institution], that they worked with the children, and that they could not both be the advocate of the child and also take care of the co-operation with the parents.

(Egelund, 2011, pp157-158)

In France, it was noted that professionals sometimes advocate the separation of children and parents, arguing that this is necessary to protect children from pathogenic parents (Berger, 2007). Klyvø (2011), in Denmark, studied parent involvement with children placed in foster care, and, citing Norwegian research by Øvreeide and Reidun (2004), she argued that decisions about parental contact should be informed by attachment theory, and the strength of the child's relationship with the parent(s). However, she also cautioned that if the birth parent works against the placement, and denies the reasons that led to the child entering care, it will be difficult for a child to obtain a realistic view of his or her relationship with the parent and his or her own life history, with possible adverse consequences for development and self-esteem.

This position was also presented in Danish interviews with representatives of one local authority area:

All right, parents do have rights, but sometimes it's difficult for the children; sometimes the judges only permit supervised contact, but, even with a third party present, the children emerge from these visits very disturbed. One has to ask serious questions about maintaining ties during the placement when families are themselves pathogenic.

Similar concerns were expressed by a pedagogue in Denmark, quoted by Egelund (2011, p162), writing about a nine year old child's experience of contact with his birth mother:

Tobias uses much time to worry about his mother. Mom has ear pains, pneumonia, pains in her knee, has been "stabbed with knife", and the last time he was back home, mother was in hospital. Tobias is back home Saturday to Sunday – the contact time has just been extended. Tobias is happy about it, but also worried how it will be. It happens frequently that when he is back home that the weekend has not been as nice as expected.

In England, a senior academic warned against being 'naïve' about parental involvement:

[You have to be aware of] retraumatisation in contact. Are you teaching relationship management, or just retraumatising the child?

In Flanders, Vandezande and colleagues' (2011) survey of foster carers highlighted their concerns about the quality of children's relationships with birth family members. Thirty one per cent (of more than 1000 respondents) rated the child's relationship with the birth mother as bad or very bad; for fathers, 13% were said to have a bad relationship and 26% a very bad relationship. Carers were more positive about relationships in the wider family network, although almost one in five (18%) still described these as bad or very bad. These tensions

were illustrated in the following extended extract from a discussion in the Dutch seminar, as follows:

- Director, care organisation:** *It's bad for children not to have a relationship. It's not necessary for the child to stay home, but the relationship stays. In the Netherlands, from 12 [years of age] the child can express a view, and from 16 they can choose – but it is a right, not a duty. They may choose, but they don't have to.*
- French academic (SE):** *Is this a dangerous responsibility to give to a child?*
- UK academic (JB):** *The French system is more paternalistic than the Dutch or Danish, which place greater emphasis on child rights. The French system considers child as a minor until 18.*
- Director, care organisation:** *Sometimes I wonder if the Dutch system should be more paternalistic.*
- Consultant, care organisation:** *Children are taken away from home because we've decided they are not safe there. I worked with a girl who said 'Your organisation says I have to go home every two weeks. I was punished – not my mother.'*
- Senior policy stakeholder:** *Our services are child protection. The very final point is the safety of the child.*
- Consultant, care organisation:** *In the beginning, we want to empower the family, but we have to get to the point when it's enough.*

Such comments raise the question of whether contact or parental involvement is always in the child's best interests. One consequence of these concerns – noted in all four countries – is that parents (and wider family networks) are often distanced from the child following placement, and support for parents, including support to address the difficulties that led to placement, is reduced or even removed. Many interviewees commented that, once children were safely in placement, the drivers for work with families diminished. For example:

Parents are cast to one side, they feel like they don't count.
Senior policy adviser, England

[in some cases] parents are like an audience, watching their children from a distance.
Senior service manager, Netherlands

What parents most often tell me is that once the child is in placement, they – the parents – pass a long spell in the wilderness. There is certainly a designated [local authority] staff-person to contact, with this responsibility; but, in reality, there is little follow-up. The real problem of the origin of the child's placement isn't addressed.
Senior academic, France

Once we have the Care Order, the mother often doesn't continue to have a relationship – with the social worker, with children's services – that relationship is severed. Resources are so limited that we can't invest in adults who don't have children any more. But this is problematic because if you take children away from a woman of childbearing age, it is quite likely that she will have more children. I

remember talking to one mother, on the removal of her sixth child, and asking why she puts herself through this. She said “it’s the only time anyone is ever interested in me” – for those nine months or 12 months, she has support. It’s very sad, but it’s not that unusual. Unfortunately, we tend not to think in those terms, to think of that happening, so we don’t continue to work with parents in a meaningful way after the child is placed.

Senior local authority manager, England

The complexity of pressures and competing tensions involved in work with families highlights the need to articulate more clearly the aims of that work. As several interviewees observed, attention to the child’s existing family relationships should not be in tension with meeting child needs. In Denmark, attention to family involvement is seen to be in the child’s best interests because of the fundamental psychological conflict created for the child by separation. This perspective was summed up by a social worker quoted by Egelund (2011, p158):

[Keeping parents at arm’s length] is a simple and very wrong solution to the basic conflict when working with children who cannot live with their parents: [the parents] have lost the children, and some others take care of them instead. When keeping them separately there is no immediate conflict between parents and pedagogues, but the children are also prevented from experiencing that the people who work with them right now can be together with the people, the parents, who are the most important in their lives.

When family relationships are held at ‘arm’s length’, Egelund argued, this basic conflict inhibits children in their development in the placement, making it more difficult for them to find ways to integrate their parents in their lives. In the Danish consultative seminar, a senior policy stakeholder observed:

The relationship between placed children and their parents is never static – it is dynamic. It’s important that as professionals we never [finally] say ‘good enough’ or ‘not good enough’. It is a difficult relationship – and a different sort of relationship. The child needs to know his/her roots, so (s)he can work through roots, life history, siblings and so on.

English stakeholders raised similar concerns, for example:

For children in care, we know they do better if they can come to be content, or even just resigned to, being in care. But for that to get resolved, carers have to be involved in that. [...] The best foster carers in this country will help young people with the relationship with their parents, but they can opt out of the practicalities, and so most don’t take responsibility for that. I think in this country we are more ready to stop contact – e.g. if a child is upset by the contact, or a parent turns up drunk. That’s problematic, because the relationship remains, even if contact stops – so it could be storing trouble for later. The work needs to address the relationship.

Senior manager, non-governmental organisation

Even when direct contact may not be appropriate, there is a need to address the child’s psychological needs, in terms of their relationships with family, and to find the best ways of addressing involvement for each individual child. Morgan’s (2009) survey of the views of 370 looked after children drew attention to the complexity of their family arrangements, noting for example that one might want to maintain relationships with some relatives but not others. The report also highlighted the importance of respecting children’s views and wishes for stability within placements; some children said they would run away to see family members if they weren’t allowed contact with them:

'If I get annoyed, I'd do it anyway'; 'I'd run off to see them'; 'if really wanted to, I would go anyway'.

(Morgan, 2009, p10)

5.3 What kind of involvement?

In France, a 2005 report from the *Observatoire Départemental de l'Enfance des Vosges* (ODEV: The Vosges *département* child monitoring group) made a useful distinction between degrees of parental (or family) involvement. First is information provision (for example, school or medical reports for the child). The next stage is involvement of parents in decisions about the life of child, such as curriculum choices or permission for activities such as overnight stays. Finally, they describe a third level, 'of getting involved more concretely and materially in daily activities (such as participation in purchases of supplies needed for the school, accompanying the child on medical appointments, choosing a general practitioner, etc.' (ODEV 2005, p36). These distinctions could be seen, across countries, in approaches to work with families of children in care.

Several respondents emphasised the importance of keeping parents informed, even when they cannot be directly involved, as illustrated by the following discussion in the Danish seminar:

Foster care consultant: *Children sometimes say they don't want contact. We say OK, but you don't quite make a break – we still keep parents informed.*

Senior policy stakeholder: *Even when children don't want contact, they want the social worker to keep contact.*

Foster care consultant: *The social worker can use information – e.g. information kept by the pension office – to keep track of parents, and to keep them informed.*

Similarly, in France, a service manager in the stakeholder forum observed:

With medical appointments, it is more that parents want to know what the doctor has recommended, rather than being more directly involved.

This kind of involvement was seen as particularly important given that children were sometimes placed at some distance from their birth families. Respondents also gave examples of parents being invited to attend key scheduled appointments with the child. In Denmark, a pedagogue from a residential institution observed:

If the child is going to the doctor, we ring and ask if they want to come.

But the study also raised a distinction between involvement (and information provision) in relation to planned or scheduled events, and more ad hoc involvement in children's everyday lives. A Dutch study by Jansen and Oud (1993) reported that a third of parents said care providers took decisions concerning their child without involving them, and a quarter said that they were (almost) never informed about crises in their child's care in a timely way. In the French stakeholder seminar, an academic stakeholder commented that while parents might be invited to be involved in *planned* appointments or activities, they were less likely to be involved on an *ad hoc* basis:

Parents are called on for medical appointments. In my research, professionals would say 'we're working with parents because parents take the child to see the doctor'. But that was only done for specialist planned appointments, not otherwise. The institution is trying to say 'we are doing that' but in fact parents are marginalised. We have to see how institutions carry out their practice.

These discussions are particularly interesting from an English reader's perspective because they indicate a higher level of involvement than might routinely be expected when children are placed away from home. They also contrast with debates about delegated authority which highlight the problems caused for looked after children 'when parenting decisions were fragmented and spilt between biological and legal parents and 'everyday' carers' (Fostering Network 2011, p6). Again, this reflects the tension between the parents' rights or needs and the child's best interests, as was powerfully illustrated in a case example given by one participant in the Dutch stakeholder forum:

Contact was problematic – it has been led by a worker who offered coaching and support but it didn't work. The child went to hospital for a day surgery – the mother had been prepared and gave consent. The boy was very anxious and had asked his foster father to stay with him. At the hospital, the mother, maternal grandmother, ambulant worker²¹ and foster carer were all present. The mother turned up just in time and wanted to stay with her child. The nurse said 'just one person' could stay with the boy. The foster father said it was him because he had promised the boy. The mother was very unhappy about that.

Even if involvement should be limited in the child's best interests, stakeholders across countries argued that it is important to maintain involvement at an appropriate level. Thus, one academic in France spoke of enabling parents to be '20 per cent' parents, and participants in the Danish seminar spoke of 'parenting at a distance'. In England, a senior local authority stakeholder described similar objectives, although she reflected that this was difficult to achieve in practice:

You can enable parents to make a contribution, still.... To understand that you can be a good parent by conceding [the child's care to someone else].

In the Netherlands, Haans, Robbroeckx and Hoogeduin (2009) addressed such concerns through an intervention called 'Parent support for role differentiation' (*Ouderbegeleiding bij roldifferentiatie*), which is used by some foster care providers when making placements in long term foster care. The approach is based upon the hypotheses that (a) a child needs the permission of his or her parents to be able to attach to the foster carers and that (b) the parent role has distinct components, including parenthood and the childrearing role. Biological parents might lose their role in childrearing, but they will still be parents.

Being together

In Denmark, a foster care consultant observed that it was rare for parents to have no contact:

There are some, but that is very seldom. For some, with supervised contact, they might just watch a movie together. Others can do more. That's why we're there – to supervise them.

²¹ The term 'ambulant' is used to refer to professionals who do not only work *within* their service setting, but go out to clients' homes.

From an English perspective, the example given here – of parent and child watching a movie together – also provides a helpful illustration of the Danish concept of ‘*samvær*’ (**being together**), within the quotidian spaces of everyday life (cf Moran 2005). Similar examples were given in the Netherlands, for example, of family members joining their children for meals in one residential service. ‘*But not sleepovers*’, the manager explained. In contrast, a pedagogue from one Danish institution told us:

They can come [to our institution] and spend weekends, go on holiday with us – parents, and sisters and brothers.

This institution is highlighted in the Handbook on the Reform for the Child in Denmark as an example of good practice in work with parents, which gives the following account from a worker in the setting (Servicestyrelsen, 2011, pp 57-59):

One could say that it is in the backbone of all of us that the parents are an inseparable part of all that has to do with our care for the children. As an example, the parents are always welcome here, not that they come in the morning and sit here all day, but they can come whenever they feel like, drink a cup of coffee, dine with the group, or take part in the cosy time in the evening. In specific situations the parents can also live here for a short period. Of course, the parents are also invited to be part of the yearly summer camp. Korsløkke [the home] has other regular traditions, where the institution invites the parents and the siblings. For instance when we make an excursion to the forest in autumn, and we have a Christmas party.

In the UK, Triseliotis and colleagues (2000) reported that, due to changing attitudes and the need to supervise and observe contact, children’s meetings with their birth families are increasingly likely to take place within family centres and social work locations. In France too, a senior policy adviser observed that parental visits used to be more frequent and less controlled. Today, she said, children’s judges²² increasingly exclude weekend home visits, calling instead for earlier supervised contact (*visites médiatisées*), which she described as ‘on the borderline between support and control’. A related concern, highlighted particularly in England and France, was the elision of ‘contact’ with assessment of parents. This was summed up by a French academic, commenting on her experience of interviewing parents of children placed away from home:

I have a case example from one mother who said that the éducateur [pedagogue] wants me to play with my child, and said ‘Play well, you can’t cheat’. She knew that there was an area [that she had] to change, but she was not clear what to do.

When considered alongside examples of well-developed practice in other countries, these observations raise critical questions about how we can best to enable a positive experience of ‘being together’ with family for children and young people in care. The English review and stakeholder interviews did not identify similar examples of birth family involvement in the everyday spaces and practices of children’s everyday life in care, although there were of course examples of shared care, and of birth family work with foster carers. In one local authority area, this work was supported by turning a family centre into a specialist resource base for looked after children, running birth family contact as well as support for foster carers, and afterschool clubs and activities for children. Young people using the centre also put on an annual pantomime, to which birth families *and* carers were invited, as a senior manager (who no longer worked in the authority) explained:

²² The *Juge D’Enfants*, a specialist role within the French legal system, responsible for the majority of children placed away from home.

It was a fantastic piece of work. Our social workers used to say it was the best social work they ever did. [...] It's one of the things I look back on and am most proud of in my career, they got so much out of it. [...] Parents even came to the pantomime, relationships were so positive, they were able to come and watch the panto. It was great for them to come to that performance, to enjoy seeing their child on stage. You couldn't always have that of course. But usually.

6. Enabling involvement

Stakeholders across countries consistently emphasised that professionals needed to be proactive in ensuring that parents are kept informed, and so involved. In the words of one Danish interviewee (a residential care pedagogue), ‘the big challenge is how you make a good relationship’. In a review of research on contact between children in out-of-home placements and their family and friends, Sen and Broadhurst (2011) concluded that the evidence base ‘clearly underscores a critical role for social workers in supporting contact, not just in the context of plans for reunification but also with respect to longer-term placements’ (p306). However, there is little published information about how social workers in England work with families to support such contact.

6.1 A resource orientation

In determining what *kind* of family involvement is possible, one theme to emerge across countries was an interest in strengths-focused approaches, consistent with the social pedagogic concept of resource-orientation in parenting and family support (see Boddy et al. 2011). A senior academic in France observed:

One needs to evaluate parenting potentialities and to intervene exclusively in those areas which the parents have not managed to control. This would enable parents to maintain active competences. This is an evolving situation, consisting of advancing and regressing, of movement, and it merits a dynamic of evaluation, stages and levels in dealing with the parents.

In the Netherlands, a senior stakeholder in residential care made a similar observation:

Involvement of parents is enlarged by talking about the strengths of the parents, by emphasising their importance and good experiences and by acknowledging the parents.

Participants in the Danish consultative seminar reported that Copenhagen municipality uses the *Signs of Safety*²³ (Turnell and Edwards 1997) assessment for all care planning, and this was said to help identify parental strengths and competences, whilst being very clear with parents about ‘where the risks are and what needs to change’.

A resource-orientation was also seen as helpful in identifying how parental (or family) involvement can be managed in the best interests of the child. Interviewees and seminar participants in several countries spoke of the challenges – for parents and children – in understanding their relationship as part-time parents, or parents ‘at a distance’. The ‘basic conflict’ of parent-child separation could, it was argued, be addressed to some extent by enabling parents to maintain aspects of the parental role that have been managed well – and this requires attention to strengths and resources as well as risks. Egelund (2011) and Madsen (2006) in Denmark have commented on the value of allowing parents who have lost their parental role to maintain involvement in the ‘small things’ – such as a new hairstyle for a child – when their involvement in the ‘big things’ is minimal. ‘Small things’ may not be that small at all, but may have symbolic value. In her country report for this study, Danielsen (2012) wrote:

if a child’s style of clothes or hair changes, it is harder for the parent to recognise the child they want to have.

²³ <http://www.signsofsafety.net/>

6.2 The location of contact

Another key consideration to emerge in discussions across countries concerned place – the location of involvement. Across Denmark, France and the Netherlands, parent and family involvement in the ‘quotidian spaces’ of children’s lives was less challenging when children lived in residential institutions than if they were placed in foster care. A French local authority manager explained:

In institutions, when parents for instance come to see their child, contacts are made with the éducateur spécialisé [pedagogue], and discussion focuses their everyday experiences. In foster homes, the foster family rarely has direct contact with the parents: contacts are mediated through the family placement service.

Examples of foster carers hosting contact were given in all countries, but in England and France this was unusual, and in all countries it could be difficult. One UK stakeholder from a non-governmental organisation had recently visited Denmark and met with foster carers. He commented:

One of the foster carers I spoke to in Denmark said that she was expected to manage parent contact – she said she was insufficiently supported in doing this, but it was part of the expectation for the work. The best foster carers in [England] will help young people with the relationship with their parents, but they can opt out of the practicalities, and so most don’t take responsibility for that.

To varying degrees across countries, foster carers were expected to take a role in supporting children’s contact with their birth families. A stakeholder from a Dutch foster care organisation spoke of an expectation in part-time care, or when the plan is return home, that ‘the foster care worker is strengthening the connection between the child and the parents’. In Denmark, France and the Netherlands, there were joint contracts between foster carers and birth parents, but stakeholders warned that these did not guarantee involvement. In France, Sellenet (2003, p93) identified a number of obstacles to family involvement:

geographical distance, having to face the different child-rearing practice provided by the foster family, the sense of social and personal disqualification by the parents, the routines of services and institutions that tend to exclude parents from the sphere of decision-making, difficulties in communicating with and sending the appropriate signals to parents who are considered to be failing to perform their role.

Similar concerns were highlighted in Klyvø’s (2011) Danish study of foster carers and birth families, which drew attention to the difficult position of birth parents – positioned as ‘bad’ in comparison to the ‘good’ parenting of foster carers. Foster care has grown in Denmark, accounting for an increasing proportion of placements for looked after children relative to residential care. Within a highly professionalised residential care system, where care workers are expected to have Bachelors level qualifications in social pedagogy (see for example, Petrie et al. 2006), questions have been raised about the extent to which foster carers are sufficiently qualified and supported to meet the challenges of work with birth families.

6.3 Dedicated professional roles

In both Denmark and the Netherlands, parents of a child placed away from home are entitled in law to have a dedicated support worker – described in the Dutch Youth Care Act as a ‘confidant’ and in the Danish Service Act as a ‘support person’. The research raised some questions about how much such roles are actually offered to, or taken up by, parents. In Denmark, research by Jakobsen and Andersen (2005) suggested that the support person

role was used by parents in only five per cent of placements, and there is evidence that this proportion varied across local authorities. This situation has changed, however, and in 2009, more than 50% of care plans described the support planned for the families (Ankestyrelsen, 2009).

Jakobsen and Andersen's (2005) research indicated that, amongst those who had a support person, some felt they had little choice about accepting the role (although, legally, it is an *offer* not a requirement). One mother in their study said she had not dared to say no to the offer, for fear of being seen as uncooperative. However, Jakobsen and Andersen's research also showed that parents who had a support person highly valued the role, in its focus on their needs and concerns, and in offering a neutral person (distinct from the family social worker). They also cautioned that engagement took time and persistence, in getting parents to accept the offer of support, and persuading them that it could be useful. They quoted one parent who said:

Time went by, what to talk about, and it's hard to say in advance what to talk about. [...] After two conversations I realized that [this support] was something I could use.

Similarly, a Dutch stakeholder, from a residential care organisation, said:

When children are forced to be placed out of home, some parents are not able or do not want to form a partnership. Parents can be very angry or emotional. When professionals focus on what parents think is best for the child, professionals and parents have something in common.

In the Dutch stakeholder forum, participants commented that organisations delivering youth care services varied in how they supported parents in involvement with their children's lives. But it was seen as very important that birth parents have some influence in deciding *where* children grow up. There is variation in how service providers support families in doing that, but Geurts et al. (2011) reported growing interest in the development of family-centred youth care services, designed to preserve and whenever possible, to strengthen connections between children in placement and their biological parents and family members. The director of an organisation providing residential care stated that his service had an 'ambulant' leader responsible for work with parents, but noted that residential group workers also worked directly with parents in relation to children's everyday lives in the setting – for example, in conversations by phone and in person, and in supporting family visits to the setting.

These roles are of interest in comparison with the perspectives of several English stakeholders, who highlighted concerns about support for direct work with families. For example:

Work [with parents] doesn't happen because contact is often supervised by the least qualified person.

Senior local authority manager

There are families where child after child has been placed, the social worker will say 'but I'm the child's social worker' – not the child and the family.

Senior policy advisor

To highlight these concerns is not to imply that good practice does not exist in England. Forrester and colleagues' (2013) reported that a systemic unit approach to children's services (sometimes referred to as 'the Hackney model') was associated with workers spending more time with families (including families with looked after children), and with

greater agreement between workers and parents about the key issues for families. The model includes a qualified systemic therapist, and Forrester et al. (op.cit. p97) commented:

the Clinician could dedicate some thought and work to issues related to the long-term therapeutic benefit of the parents. In general, Clinicians were partly responsible for the fact that psychological theories (for example, attachment, psychodynamic, and social learning) and evidence-based research were a central part of the discussion of cases in some of the units.

The benefit of dedicated staff to support work with parents was also highlighted in the present study, by the senior local authority manager quoted above, giving the example of work with looked after children and their families in a specialist family centre:

In terms of contact, the use of the family centre had several benefits. [...] We had a dedicated contact team, who were trained and encouraged to make positive relationships with families – so that contact was a positive experience for parents and children. It was extremely cost effective – to be so local, and in a dedicated place, and to have a dedicated team. Many local authorities either use staff from social work teams, or they spot purchase from agencies – they are not specially trained in contact, and there is no investment in this area of work. Our workers were not the children's social workers, but they came under the same LAC management structure as the children's social workers – and they worked together on a multi-agency basis, they were part of the same multi-agency team, and attended multi-agency group meetings.

Nonetheless, to recognise the importance of work with families when children are placed away from home, attention must be paid to the training and skills needed for this complex area of practice. Denmark, France and the Netherlands all have social care workforces with higher level and more specialist qualifications than England (Boddy and Statham 2009), and this was true for work with parents and families in the present study, where specialist professionals were qualified to Bachelor or Masters level in fields such as family therapy, psychology, and pedagogy²⁴. Relatedly, the field of work with families was explicitly theorised within academic literature, often with reference to attachment theory.

6.4 The timing of involvement

Across countries, timing was seen as key in enabling parental involvement. One Dutch stakeholder explained:

the most important is that parents are involved at the start of the foster care. At the start you can either make or break a good relationship with parents.

It was widely argued that placements need to be established and care plans made with the involvement of parents (and family networks) from the outset, and that effective parental involvement is likely to depend on this early work. In Denmark, a 2005 Ministerial Initiative on quality in placement of looked after children reviewed 56 projects, and concluded that placement quality benefited from child and parent involvement in care planning – having been heard and had a say in decision-making, and understanding why the placement had been made (Styrelsen for Social Service 2005). In the Netherlands, van Montfoort et al. (2009) argued that the family guardian or case-manager in the Youth Care Agency needs to work together with the family to prepare the relatives for placement and motivate them to agree with the placement. Geurt's (2012) Dutch review provided examples of good practice

²⁴ Social pedagogy in Denmark; orthopedagogy in the Netherlands; and *éducation spécialisée* in France.

in this regard, particularly in residential care, as illustrated by the comments of one of the Dutch stakeholders:

We [the residential setting] organise a conversation with parents before the time of admission. We discuss the developmental tasks of the child, the perspective of the child, and then we try to establish what the child and the parents need to reach this perspective. At the end of the conversation we involve the Youth Care Agencies, so that we have the same aim together.

In Denmark, Danielsen gave the example of a residential home, Korsløkke, identified by Madsen (2006) as an example of well-developed practice in work with families:

The initial contact with the parents is, for Korsløkke, very important. After the referral meeting [...] if it is agreed to place the child [in the setting] the family with the young person is invited to a first or pre-meeting, together with the social worker. The social worker from Korsløkke and a pedagogue likely to be the contact person for the child and family, if the family decides for Korsløkke, are responsible for that meeting. If the placement is enforced, there will be no pre-meeting, but the parents and child will have that meeting when the child starts in the institution. In both situations, the team wants the family to feel welcome in Korsløkke, they are informed about Korsløkke and asked the more concrete details about the habits of the child. [...] They receive the family with coffee and bread in a traditional Danish way. [...] It is also here emphasised that the parents will still be the most important persons in the life of the child and that the staff, for that reason, need them in the co-operation.

A French academic interviewed for the study gave a similar account of work to establish cooperation with parents at the outset of a placement:

In a second phase, the parent or parents, and the admitted child or children are invited to the placement service: this coincides with deciding who in the family can be present at the specific time of admission. It has happened that the maternal grandmother is invited to the admission-day visit. At this initial meeting, parents are told of the roles of different staff-members, how they will be working, and how parents will be kept informed of the process; the [social services] colleague is also presented at this meeting. The origin of the placement is re-explained to the family, in a way they can understand. In other words, they are re-told why the juvenile court judge decided to assign the child to the [social services], and told that today is the day that this procedure will begin. When there is also an administrative admission process, the information is repeated, and the paperwork for the child's admission is completed. The head of the unit, the social worker and a psychologist are always present. This is not a strictly legal encounter but a meeting to explain that the placement home will not be replacing the parents, but that, at this point of time, "we" - the institution - will be involved in the task of handling the child-training and/or education of the girl or boy.

These examples highlight a fundamental challenge in work with families – how to embed a sense of cooperation and partnership at an early stage, when emotions are likely to be running high. In England, a local authority manager observed:

For the majority of cases, especially in struggling local authorities, social work teams move into an adversarial relationship with families. The emphasis through care proceedings is on "proving their case against the parent" – the aim is to get a full Care Order. That takes the emphasis away from trying to get a supportive, caring relationship with the family.

Similarly, a senior stakeholder in a UK non-governmental organisation cautioned that the pressures on social workers posed a significant barrier to the development of work with families:

Within a highly risk averse system, and a context that is highly critical of social workers, this means they work very defensively, and rely too much on bureaucracy and procedures and a tick box approach.

A social work academic in England made a similar point:

In a risk averse culture it is easy [for the social worker] to get demonised, as too parent-focused or too parent-blaming.

Across countries, work with parents and families at the time of placement was seen as highly challenging. This is hardly surprising at what is often a fraught time for parents and children. Nonetheless, the research raises the question for England of whether a different frame of reference could help with the development of cooperation with families – moving away from an adversarial or defensive frame to consider how to establish a partnership focused on the child's best interests.

7. Family involvement?

In England, Berridge et al. (2012) reported that over three quarters of young people living in residential homes were in direct contact with brothers and sisters nearly two thirds saw siblings at least monthly. Morgan's (2009) larger study of looked after children reported lower rates of family contact: just over half (56%) had contact with a brother or sister at least once a month, and just over a third (36%) were in at least monthly contact with another relative. Those who had been in care for between two and six years were most likely to lose contact with siblings. In Denmark, longitudinal research by Egelund et al. (2010), with children aged eight years when placed in 2003, reported that social workers had discussed sibling contact post-placement in only 41 per cent of cases. This same research showed that children in placement would like to have more contact with the siblings they are not placed with, a finding echoed in Morgan's (2009) UK research.

Lack of attention to wider family relationships – with siblings *and* extended networks – was a matter for concern across all four countries. A French senior academic explained:

Family and parent tend to merge. In France, we tend to focus on the mother. We tend to forget siblings, grandparents, cousins – anyone who could be a resource for the child. There is important work to be carried out, but it's at an embryonic stage in France. 'Working with' is displayed, but is not a reality on the ground. Family tends to equal parents. 'Working with' tends to equate with making parents responsible for not doing work they should be doing.

Stakeholders also emphasised that relationships in the child's network could be a valuable resource for the future, if well supported:

If you are trying to build resilience post-care, then siblings will be an important source of support if you get it right. We've got to do work about that.

Senior policy advisor, England

This interviewee expressed concern that 'there's a big problem at the moment with sibling contact – it's not happening, or in some cases it is even being used [withheld] as a punishment'. Similar concerns were raised by other English stakeholders, such as a senior manager in a non-governmental organisation:

Contact with siblings is not good enough. Children in care lose contact, even when they would prefer not to. It ought to be better – the legislation says it should be. It hasn't been given enough importance. And it is hard, practically, to achieve. For example, when children come into care together, it is often difficult to find them the same placement. And often children in a family come into care sequentially, not all at the same time. [...] We could do more – like Sibling United camps²⁵. But because it's challenging, it gets dropped off the agenda.

However, the research also revealed examples of pro-active work to enable maintenance of sibling and network relationships. In England, the Netherlands and Denmark, this included use of Family Group Conferencing in care planning and review. Family therapists and pedagogues also played a key professional role – in formal programmes of work such as MST or MTFC, but also in the day to day practice of care and support for work with families. For example, a family therapist Dutch residential service explained:

²⁵ http://www.shaftesbury.org.uk/what_we_do/Siblings+United

We also have family conversations with the brothers and sisters of the placed child. Sometimes we give psycho-education or we just discuss how it feels for them with the aim to give them recognition of their situation.

8. Working towards return home?

Working with the families of children in care involves particularly challenging and complex relationships (Schofield et al., 2011). Thoburn's review of reunification research notes 'the very high level of skill' needed by social workers 'to maintain an empathic, professional relationship in which the family members can develop trust, whilst at the same time, monitoring the care and being willing, if necessary, to decide against return home' (Thoburn, 2009, p31). The same review notes that if foster carers or residential workers lack empathy for the birth parents and do not have the attitudes or skills to support the reunification process, the efforts of social workers and therapists to return children home will be less effective.

As noted earlier, the English literature indicates that outcomes for children who are returned from care to their parents are generally less favourable than when children remain in care (Thoburn, 2009; Wade et al., 2010; Davies and Ward 2012). Children reunited with parents frequently re-enter the care system because the problems that led to their entering care have not been addressed, and in some cases go back and forth several times (Farmer et al, 2008; Farmer and Lutman, 2010). Whilst the provision of services after children return home can help to prevent further breakdowns of care, it appears to have little effect on improving children's level of wellbeing compared to those who remain in care. Researchers in two separate studies of children placed because of abuse or neglect (Wade et al., 2010; Farmer and Lutman, 2010) concluded that a high intensity of services and support would be needed to maintain the wellbeing of maltreated children who are returned home. Both studies observed that this did not routinely happen.

Farmer and colleagues' (2008) two-year follow-up of 180 looked after children who were returned home found that there were significantly fewer return breakdowns when adequate preparation for return had been made and when care givers worked closely with the parents and/or children to bring about change and remained available after reunification. However, this only happened in a fifth of cases. Recommendations from the study included the use of respite care and informal support to help families when children returned, and a greater role for foster carers and residential workers in preparing children for return and providing follow-up support to them and their parents after reunification.

8.1 Support through formal programmes

Two recently published studies in the US suggest that work with parents whilst their children are in care can improve reunification rates. The first (Wang et al. 2012) looked at the impact of holding a Family Group Conference *after* the child was removed from home (the most common model in Texas) on the chances of the child returning home, returning to a relative or being adopted. Using administrative records from over 80,000 children placed by the state of Texas between 2004 and 2009, and controlling for variables such as age, gender, ethnicity and level of risk, the analysis found that when a family had had a FGC after the child's removal (just over 15% of the sample), the chances of reunification increased by 28% and the chances of being placed with a relative by 7.3%, compared to those whose family didn't have a FGC after removal. The odds of the child leaving care through adoption decreased by 45% for FGC families. The large sample size and taking account of other factors strengthen the findings, but no information was available on the process of the FGC (for example whether more than one was held, and at what point after removal). The fact that a quarter of children were still in care and so excluded from the analysis may also have biased results.

Brook et al. (2012) examined reunification outcomes for children with alcohol or other drug-involved parents who received the Strengthening Families Program while their children were in foster care. The SF program involves weekly meetings for 14 weeks, each starting with a family meal followed by separate work with age-specific groups of children and separately with parents, and ending with families reunited to practice implementing the information they have just learned. The program is widely used (in the US) and evidence based, but had not been tested previously with families of children living in foster care. Strengthening Families participants were found to have a significantly higher reunification rate than matched families who did not receive this intervention. However, a possible source of bias was that referring clinicians wanted to use the program when families were close to reunification, and this may not have been adequately controlled for in the matching process.

In 2011, the Department for Education in England published a *Prospectus for Delivering Intensive Interventions for Looked After Children* (DFE 2011c), which highlighted four key intervention models - Multi Systemic Therapy (MST); Multi-dimensional Treatment Foster Care (MTFC); KEEP (parenting skills for foster carers); and Functional Family Therapy (FFT). English policy guidance has also highlighted the potential of the Family Drug and Alcohol Court (FDAC) model, a court-based family intervention which aims to improve children's outcomes by addressing the entrenched difficulties of their parents, following Harwin and colleagues' (2011) positive evaluation of the initial FDAC pilot.

Geurt's Dutch review highlighted the role of treatment foster care (*Hulpverleningsvariant*), usually limited to a six-month period, and described by a senior stakeholder in a foster care organisation as aiming 'to restore the situation of the [child's] upbringing'. Models of part-time and respite foster care were said by the same respondent to have similar aims: 'to relieve the biological parents and to support them with their parenting'. With this objective in mind, both foster carers and social workers are expected to work directly with parents. As noted above, treatment foster care is also used in England, within the MTFC programme, and this can involve therapeutic work with the birth family. However, evidence for the effectiveness of MTFC is mixed. Biehal and colleagues's (2012) Care Placements Evaluation (CaPE) evaluation of MTFC for adolescents found no statistically significant benefit for the sample overall, when compared to care as usual, for all outcomes, including those relating to overall social adjustment, education outcomes and offending. Although there was evidence of reduced behaviour problems and improved social adjustment for a subgroup of young people with serious antisocial behaviour problems, young people who were *not* anti-social did significantly better if they received a usual care placement.

Standardised interventions such as MST, MTFC, FFT, and Parent Management Training were also used in Denmark and the Netherlands to work with parents and families of children placed away from home. Geurts' Dutch review drew a distinction between interventions which aimed to break negative patterns of interaction between parents and children (e.g., Voets and Michielsen 2002) and those – such as MTFC – which have child-focused goals, and which target young people with severe behavioural problems and delinquent behaviour. Biehal and colleagues (2012) negative findings in England, when MTFC was used with young people who did not have anti-social behaviour problems, indicate that such targeting is likely to be worthwhile. Differentiated approaches are necessary – echoing Moran and colleagues' observation (2004, p 121) that 'one size does not fit all' in parenting support. Similar concerns about the need to tailor approaches to parent and family needs were raised by participants in the Danish stakeholder seminar:

Foster care consultant: *But it depends on the parents – some, it is difficult to get into these programmes.*

Senior local authority adviser: *Substance abusers can't do it, but it is possible for people with managed mental health problems.*

In Denmark, there is less policy emphasis than in England on swift return home. The 'continuity principle' in Section 46 of the Service Act stipulates continuity in the child's upbringing. Signe Hald Andersen (2010) wrote that, in the context of planning for looked after children, continuity has tended to be interpreted in terms of *stability*, for the child's living situation and relationships, such that (s)he should not be taken back and forth between parents and the care system. That emphasis is reflected in statistics on young people leaving the care system. Of 3,253 placements ending in 2010, 70 per cent were of care leavers aged 18 or more. Despite this relative emphasis on stability and continuity *within* the placement, the Danish review also highlighted an emphasis on work with parents and families. This was allied to the concept of 'samvær' (being together), as discussed above, but also related to specific interventions targeting families of children placed away from home. In Copenhagen, for example, a senior local authority manager described 'one model where a child is placed for one year, and the family therapist does PMTO (Parent Management Training Oregon) and MST (Multi-Systemic Therapy) during placement. The work gives competences to parents, you can see it works.'

In Denmark and the Netherlands, specialist interventions for young people and their families were often linked to placement in residential care. This accords with a conceptualisation of residential care as a specialist intervention for young people whose needs cannot be met in family placements, and with a correspondingly professionalised residential care workforce (see Boddy et al. 2008). In the Netherlands, Knorth (2003) described residential care as providing a therapeutic context, offering developmental and stable caregiving. Geurts et al. (2012) noted an increased emphasis in recent years on *family-centred* approaches to residential care in the Netherlands, and this was also highlighted by one Dutch interviewee, the director of a service-providing organisation:

Residential care is seen as a severe form of youth care, it is mostly indicated as a last resort for families and their children... Since two years we see that [residential care] is also used [...] as an intervention, in which the aim is to return home. [...] The group leader needs to engage in a relationship with the child as well as the parents. When residential care is used in a course, partnership with the parents, working towards goal are important, placing parents in a central position in the care.

Danish interviewees described using a Norwegian model of intervention called MultiFunc²⁶ - a framework for the institutional treatment of young people with severe behavioural problems. The young person spends six to nine months in a specialist residential institution, with follow-up family intervention for four to six months. The intervention combines a range of methods – including MST and Parent Management Training – alongside other behavioural and cognitive approaches and methods.

Similar models were described in the Netherlands, of combining parent skills training or family-focused intervention with placement in residential care. *Skills for Parents* (in Dutch: *Vaardigheden Voor Ouders*, VVO) is aimed at parents of 12-18 year olds, placed in residential care. It focuses on improving parental involvement, positive parenting, problem-solving skills, discipline and monitoring in order to improve pro-social behaviour of the child at home. The training consists of six meetings in groups of twelve parents with two trainers every fortnight, and a follow-up meeting six weeks after the last meeting, again using elements of Parent Management Training. The Dutch *Better at Home* intervention (*Beter met Thuis*, Vugt et al. 2001) is used with children aged from six to 15 years and their families, combining parenting support and residential care to address complex family problems through an intervention of about nine months which combines behavioural and family therapy and which involves the family network.

²⁶ <http://socialstyrelsen.dk/born-og-unge/programmer-med-evidens/multifunc>

Another Dutch programme, *Child and Youth Care in Context* (*Jeugdzorg in Context*, JIC) also combines family-centred activities and parent counselling with residential intervention including, for example, behaviour training for the child. Geurts' (2010) evaluation of the JIC programme, in comparison with care as usual, reported better outcomes on a range of indicators related to family-focused treatment goals, treatment completion, experienced effectiveness and client satisfaction, as well as indicators of general behavioural functioning. However, results were not universally positive, and the intervention group had higher levels of internalising behaviour problems, relative to the 'care as usual' group, following the intervention. Geurts noted that effectiveness depended on a range of factors including age of the young person at admission to the residential service; parental involvement during admission phase; level of parent counselling by residential group staff; attention to parental responsibilities during treatment; and level of parent-child contact. Parental involvement was also related to satisfaction with contact between social workers and parents. As with Biehal and colleagues' (op.cit.) evaluation of MTF, Geurts' research highlighted the complexity of intervention with families of children placed away from home. A French academic cautioned against 'the tendency to look for "recipes" or to follow unthinkingly what is currently fashionable'. The need for differentiated approaches to intervention was also emphasised by a senior local authority manager in England:

A related issue is the way we understand neglect – we work with the symptoms, as if all causes were the same. For example, supporting a mother with learning disabilities should be very, very different to working with parents with chronic substance misuse problems. For a parent with a learning disability, you can teach practical and parenting skills. It might not always get done well, but that work can be done, and can make a difference. For parents with substance misuse problems, if you don't address those difficulties, there is no point doing parenting assessments or parenting classes. Until you have treated their addiction – if you don't do that, there's no point.

8.2 Non-programmatic approaches to support

Programmatic parenting interventions were not described at all in France, a finding in common with our earlier review of mainstream parenting support interventions (Boddy et al. 2011). A senior French academic related this to the French psychoanalytic tradition, and concomitant emphasis on '*accompagnement*' (accompaniment) as a key concept in French family support, finding solutions *together* with the parent(s):

Even if competences are transmitted, we feel that we have to avoid giving direct advice, particularly specific training or exercises to practice. One has to "raise the problem with the parent": the idea is that when the parent starts verbalising the problem, the difficulty is resolved – including in economically disadvantaged families, living in cramped lodging, with a severe intellectual disability.

This interviewee was clearly sceptical about the extent to which entrenched problems such as housing difficulties or learning disabilities could be addressed through 'verbalising'. Talking about such problems is likely to be of value only if it enables access to relevant sources of support.

Access to wider services

Harwin and colleagues' (2011) evaluation of the Family Drug and Alcohol Court (FDAC) model demonstrated that one key benefit was that the framework enabled timely access to relevant services, including core substance misuse services, but also others sources of support, such as finance, housing and domestic violence services. The benefits they observed are striking in contrast to the concerns about access to non-social work services that were highlighted by several English interviewees in the present study. For example:

We need to think about what needs to be done across health and social care. One critical issue is that there is an enormous gap between thresholds for adult services and children's services. That gap needs to be closed, and that needs to be a statutory requirement, and not just a hope. [...] For example, if we have a parent with a learning disability, they have to meet a very high threshold to access support from adult services. If they don't meet that threshold, they won't access that support – even if there is a safeguarding need. It's the same thing with mental health – the parent has to be in crisis, even if you can see that the situation is deteriorating. There aren't really early interventions in adult services, in the way that we've come to understand early intervention in children's services. So thousands of parents fall through the net, until things get really serious and then you're fire-fighting.

Local authority manager

There's an issue about payment for therapy if someone [a parent] is functioning in the community.

Senior social work academic

Going back to the question of what 'working with families' involves, there is a gap in working with parents with alcohol problems. We're not very good with drugs, but alcohol is even more of an issue. [...] To work with drug and alcohol problems is very difficult for a social worker.

Senior social work academic

The difficulty of accessing adult services – including specialist mental health, learning disability, and substance misuse services – was an issue raised by participants in England over the course of the study, but – even when prompted in country seminars – respondents in Denmark, France and the Netherlands did not raise similar concerns. It is hard to know why access to adult services was not seen as an issue in the other study countries; further research would be necessary to explore (for example) whether equivalent services have lower service thresholds than in England, or whether integrated working frameworks facilitated referral of adults with involvement in children's social care. However, one senior local authority manager in Denmark referred to use of an approach called 'the green wave' to facilitate decision-making about access to services; this framework was also described in Denmark in Boddy and colleagues' (2008, p74) study of work with families at 'the edges' of care:

Another key facet of the work was termed the 'Green Wave' (as in waving forward at a green traffic light), whereby all the professionals in the network around the family agreed 'to act very fast to make solutions' for the particular families they were engaged with. That is not to say that the solutions themselves would be different, but rather that decisions should be made quickly (e.g. in relation to a request for re-housing).

In the Netherlands, participants described an initiative for work with 'multi-problem families', with evident parallels with 'Think Family' approaches in England (e.g., DCSF 2009; DCLG 2012). A senior Dutch policy adviser observed:

[We are] at the beginning of a connection between adult and child services. Adult mental health services don't disclose when patients have children – we've had huge discussion about that. We're working with 'One Family, One Plan' – a multi-problem approach.

Approaches tailored to individual child and family needs

In Denmark and the Netherlands, programmatic interventions were often used alongside approaches that were tailored to individual child and family needs, such as behaviour therapy and intensive family support. In the Netherlands, 'intensive pedagogic ambulant care' is used alongside placement, a form of intensive family support whereby a counsellor coaches the family during several sessions per week in the family home.

In France, the delivery of support to families while a child is in placement was formally prohibited in law until 2007, as a form of 'double measure'. Since the 2007 law there has been a growth of initiatives and service models aimed at intervening with parents and families when a child is placed away from home. A senior academic stakeholder explained:

It used to be legally prohibited yet it still occurred. There were the AEMOs²⁷ to prepare the child for replacement and to return home. Today, we have mixed structures, such as the Service d'Adaptation Progressive en Milieu Naturel (SAPMN²⁸), which are breaking down the barriers between family intervention and child intervention.

Placement with parents (*placement à domicile*) is an example of a *service d'adaptation progressive en milieu naturel* (SAMPN), established in the 2007 legislation. The child remains with his or her parent(s), but this is combined with intensive professional intervention within the home – with visits at least three times a week, often more frequently. If a crisis arises and the child has to be accommodated outside the home, solutions are sought in the child's network, otherwise admission is arrangement by the local authority. Breugnot's (2011, p214) research concluded that the *placement à domicile* model of SAMPN 'makes it possible to either avoid some placements, or to support children who are returning to their parental household'.

In Denmark, France and the Netherlands, the research revealed examples of **work to support return home** which combined increased contact or shared care arrangements with intensive family support. A senior stakeholder in a Dutch foster care organisation gave the following account:

If the [plan is for the] child returning home after foster care, the frequency of contact is increasing. And the foster care worker is strengthening the connection between the child and the parents. Sometimes they will combine foster care and family support to improve the skills of parents.

Two other Dutch stakeholders – a treatment coordinator and family therapist working in residential care – described the use of 'after care support' for the family, provided by a family therapist or a mentor, and continuing at least fortnightly for a six month period.

Another recent development in France, again following from the 2007 legislation, is provision for 'sequential accommodation' (*accueil sequential*), whereby the child alternates between staying with his or her parent(s) and in a local authority placement (an institution or foster family), with arrangements defined in advance. This differs from English frameworks for respite care in that it was being used specifically to support return home. The director of a residential care provider gave the following example:

²⁷ *Aide Educative en Milieu Ouvert*; literally, 'upbringing [educative] support in an open environment', the term for local authority family support.

²⁸ *Service d'Adaptation Progressive en Milieu Naturel*; literally, the service of progressive adaptation to a natural environment, a framework for re-intergration of the child back into the birth family.

We don't rule out preparing for a return to the family household when we use a system of alternation, but the parents have to live within 30 km. [...] With the local authority, we will be doing this for one child who lives not far from the residence and is registered in the local primary school. We'll say: "On Monday morning it will be her mother who takes her child straight to the school in [B], and on Tuesday evening, if conditions allow this, the child can sleep at home, and he'll come back to the residence on Wednesday evening"²⁹. These are the arrangements for a progressive return home, which we are still renegotiating, elaborating them with the parents and our local authority partner.

The key benefit of *accueil sequential* for the child is in ensuring continuity and stability: the residential or foster care placement is maintained, and so the child continues to have support from the placement provider (residential care worker or foster carer) and does not lose an established placement if return home is unsuccessful. This example seems especially pertinent given Sinclair and colleagues' (2007) research in England which showed that children returning to care after a failed return home were unlikely to return to previous carers; they also had very poor chances of being adopted and were highly likely to experience further movement. Whilst *accueil sequential* and other forms of SAMPN are relatively new in France, and have not been formally evaluated, English evidence on the consequences for children of failed returns (see Davies and Ward 2012) indicate that the short-term costs of maintaining a sequential placement during the process of return home might well be offset by longer term benefits for the child.

²⁹ Children in France do not attend school on Wednesdays.

9. Conclusions

The research reported here aimed to ‘learn from difference’, through parallel reviews of family-focused work with looked after children in England, Denmark, France and the Netherlands. Across the four countries, work with families of children in care was consistently described as **a challenging and neglected area of work**. The importance of family-focused work was equally widely agreed, for similar reasons across countries. First, many children who become looked after will return to their birth parents or birth families – either in childhood or as care leavers. Parents do not cease to be parents when a child enters care. Second, family means much more than just parenting. Just as kin networks are an important resource in preventing placement, or in accommodating children *within* the birth family, positive relationships within the wider family are a critical resource for children who cannot live with their birth parents – in childhood, and into adulthood. Moreover, relationships remain *psychologically* present for children and parents, even if face to face contact is precluded in the child’s best interests. Work with looked after children must take those psychological relationships into account. The growth of social media also means that it is likely to become increasingly difficult to regulate children’s contact with family members.

Given such widespread cross-country agreement about the importance of this area of work, why is it seen as a neglected field of practice? Policy in all four countries – including England – makes reference to work with families when children are in care, but it was generally argued that these policy frameworks say little about how parent and family involvement might be achieved in practice. This situation was changing in Denmark, France and the Netherlands: recent legislation in all three countries has placed increased emphasis on birth parent involvement, and accompanying guidance addresses family involvement.

Across countries, key stakeholders highlighted **a fundamental ambivalence about work with parents**, with doubts about whether such work really is in the best interests of the child. Interviewees across countries also cautioned against naivety about the potential risks and problems of parent and family involvement, given the difficulties that can lead a child to be placed in care. Relatedly, it was seen as important that *children’s* rights and needs (and best interests) are not supplanted by a focus on *parents’* rights – although it was equally noted that the two are not necessarily in conflict.

Unsurprisingly, in child protection focused systems, best interests can become equated with keeping the child safe. Once that is achieved, pressure on social services teams is relieved and work with parents and families can cease to be a priority. Several interviewees across countries spoke of the difficulties of establishing work with parents and families when they are constructed as the ‘culprits’ (in the words of one French academic interviewee) in the child’s difficulties. England differed from the other countries in having a much higher proportion of placements where parental responsibility is partially delegated to the state (or local authority). Whilst the intent of the Children Act 1989 was to move away from an adversarial system, creating an explicit focus on parents retaining (shared) responsibility for their children, respondents expressed concern that an adversarial system posed barriers to work with families. In countries (including Denmark, France and the Netherlands) where parents formally retain a higher degree of parental responsibility, this appeared to be related to a higher expectation of parental involvement in (or agreement with) decision-making and children’s everyday lives. That is not to say that work with parents is unproblematic, but the expectation that parental involvement is *necessary* may be an important first step in establishing this as an explicit area of practice.

Across countries, key themes emerged in factors that facilitated parental involvement in children’s lives whilst in care. The **timing of involvement** was seen as key in establishing constructive relationships between parents and family members and professionals at the

point of care planning – for example, using methods such as Family Group Conferencing, but also in involving parents in contributing to care planning and (where possible) to decisions about where a child should be placed. Providing **support for parents in coming to terms with role differentiation**, parenting ‘at a distance’ or as a part-time parent, was also seen as valuable, and resource-oriented assessment was highlighted as a means of determining which aspects of the parenting role should be maintained. In one French local authority, a useful distinction was drawn between levels of parental involvement – ranging from information provision (for example, school or medical reports for the child, through involvement of parents in decisions about the life of child, such as curriculum choices to a third level of active involvement in aspects of the child’s daily life and activities. In Denmark, the framing of parent-child contact as ‘being together’ contrasted with conceptualisations of ‘contact’ in the English literature, highlighting an emphasis on **family involvement in children’s everyday lives and everyday worlds**. In Denmark, France and the Netherlands, this higher level of involvement was seen as easier to achieve in a residential care context than in foster care – in part because of differences in the nature of private space in a foster carer’s home compared with a residential institution. Parental involvement in children’s lives in care was facilitated by **a professionalised workforce**, and consequently was seen as relatively more challenging (although not impossible) for foster carers. In addition to carers and social workers, both the Dutch and Danish systems had a specialist support worker for parents – a confidante or contact person – although questions were raised about uptake of this role. Service providers in all three continental European countries included specialist workers such as psychologists and family therapists – roles which remain exceptional within English social care teams.

Intervention to address the problems that led to placement, and to support work towards return home, was seen as a key focus for work with families in all four countries. In Denmark and the Netherlands, the reviews identified programmes used in England – such as Multi-Systemic Therapy, Functional Family Therapy, Parent Management Training and Multi-Dimensional Treatment Foster Care – as well as other Dutch and Nordic models. Both the Danish and Dutch reviews highlighted models of family-centred residential care, often including family intervention within a treatment programme. Formal programmes were not described in France. In England, Denmark and the Netherlands, the reviews highlighted some concerns that standardised programmes were not universally effective in addressing the problems that led to placement or in securing positive child outcomes. In part, this was seen to relate to a need for targeting, and recognition of the factors that can influence outcomes, including parents’ and children’s existing relationships, and engagement with the programme. In France, Denmark and the Netherlands, more tailored approaches were also highlighted, using intensive family support designed to meet individual family needs. Such support could accompany placements, particularly when the plan was for a time-limited placement with the intention that the child would return home. Alongside support, the study also highlighted shared care arrangements, such as time-limited respite care linked to family intervention in the Netherlands, with parallels with some models of support foster care or short break care for children in need in England (Greenfields and Statham 2004). In France, part-time care through ‘sequential accommodation’ was used to provide a placement with a tapered ending, ensuring stability and continuity in the placement while the child spends progressively increasing periods of time in the family home.

Work with families of looked after children is a complex, challenging and neglected area of practice in all four countries in the present study. However, as befits our focus on learning from well-developed practice, the research clearly indicates the potential value of going beyond a focus on ‘contact’ – a focus which dominates the English language literature – to articulate the purpose of contact, and **distinguish between different aims and approaches to family involvement**, and think about *how* and *why* parents and other family members are involved in children’s lives at different times and in different circumstances:

- For children for whom the plan is return home, work with families should be concerned with maintaining involvement and relationships in everyday life, as well as effectively addressing the problems that contributed to placement, in order to reduce the likelihood that a child will need to be accommodated again.
- For children who will not return home, there is nonetheless a need to recognise the importance of kin networks as part of their past, present and future identities – the sense of ‘close-knit selves’ that characterises family (Edwards et al. 2012). This entails recognising and supporting the connections between the ‘multiple families’ in children’s lives (Cossar and Neil 2013, p74), and so it will often be appropriate to maintain birth family involvement, including sibling, birth parent and extended kin relationships.
- Very occasionally contact with birth family members may not be appropriate, and work should focus on building alternative relationship networks for the child (Geurts 2010; Geurts et al. 2012).
- For *all* children looked after away from their birth parents, *whether or not* the plan includes return home, there is a need to support children and their birth families in addressing separation, attachment and loss. Children must be supported to achieve a sense of belonging and identity that addresses the complex, dynamic and varied meanings of ‘family’ that they have experienced, whilst in care, and going on into adulthood.

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